| Effective October 1, 2000 | | | | | O | 7/8 | 7098 | 4 |
|---|----------------------|-------------------------------|--------------------------|--------|----------|--------------------|------------|------------------------|
| CLAIMS AS FILED - PART I SMALL ENTITY OTHER (Column 1) (Column 2) TYPE C OR SMALL E | | | | | | | | |
| TOTAL CLAIMS 20 | | | | RAT | EIF | EE | RATE | FEE |
| FOR | NUMBER FILED | NUMBER EXTRA | | BASIC | FEEE 35 | 5.00 OI | BASIC FEE | 710.00 |
| TOTAL CHARGEABLE CLAIMS | 9 9 minus 20= | . 9 | | XS | , | | X\$18= | |
| INDEPENDENT CLAIMS | . 6 minus 3 = | minus 3 = | | X40 | _ | | X80= | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | +13 | 5_ | 0 | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | TOT | | 0 | | |
| 7-14-CH (Column 1) (Column 2) (Column 3) | | | | | LL ENI | | OTHER | |
| CLAIMS | HIGH NUM PREVI | HEST BER OUSLY | (Column 3) PRESENT EXTRA | RAT | E TK | DOI- DNAL EE | RATE | ADDI- TIONAL FEE |
| REMAINING AFTER AMENDMENT Total Independent RBST PRESENTATION OF ME | Minus / | FOR S | - 🔨 | X\$ | | - O | X\$18= | 5 |
| Independent • U | Minus ••• (| 9 | | X40 |)= - | | Ven | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM **DOTCH IS NON-COMPTION! | | | | +13 | 5_ | | | \vdash |
| Autor Dien Con President | | | | | TAL | | TOTAL | |
| ADDIT. FEEOH ADDIT. FEE | | | | | | | | |
| CLAIMS REMAINING AFTER AMENDMENT Total Independent • 6 | NUA PREVI | HEST HBER HOUSLY FOR | PRESENT EXTRA | RAT | E TK | DDI- DNAL EE | RATE | ADDI- TIONAL FEE |
| Total · 29 | Minus | 29 | - | XS: |)= | O | X\$18= | |
| Independent - 6 | Minus ••• | 6 | - | X40 | = | | X80= | - |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | 5= | OI | +270= | |
| | | | | ADDIT. | YAL | | ADDIT, FEE | |
| (Column 1) | | | (Column 3) | | | | | |
| CLAIMS REMAINTHING AFTER AMENDMENT Total Independent Total Total Total Total Total Total Total Total | NUA PREVI | HEST IBER IOUSLY FOR | PRESENT EXTRA | RAT | ETK | DDI- DNAL EE | RATE | ADDI- TJONAL FEE |
| Total • 3 | Mirrus •• | <i>37</i> | - / | XS | | 01 | X\$18= | |
| Independent • Co | Minus ••• (|) <u></u> | | X40 | | O | X80= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | 5= | 07 | | ·) |
| "If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20." | | | | | ITAL | | TOTAL | |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | |

Application or Docket Number